Indiana State Department of Health

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1521111110711101111011152111	A. BUILDING: _		
	002392	B. WING		C 05/07/2015
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
TERRACE AT TOWNE CENTRE THE MERRILLVILLE. IN 46410				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTIO	(- /
REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE	
R 000 INITIAL COMMENTS		R 000		
This visit was for the Investigation of Complaint IN00172259.				
Complaint IN00172259-Substantiated. No deficiencies related to the allegation are cited.				
Survey dates: May 6 and 7, 2015				
Facility number: 002392 Provider number: 002392 AIM number: N/A				
Census bed type: Residential: 45 Total: 45				
Census payor type: Other: 45 Total: 45				
Sample: 5				
compliance with 410	AC 16.2-5 in regard to the			
	ROVIDER OR SUPPLIER AT TOWNE CENTRE TH SUMMARY STI (EACH DEFICIENC' REGULATORY OR LE INITIAL COMMENTS This visit was for the IN00172259. Complaint IN0017225 deficiencies related to Survey dates: May 6 Facility number: 0023 Provider number: 0024 AIM number: N/A Census bed type: Residential: 45 Total: 45 Census payor type: Other: 45 Total: 45 Sample: 5 Terrace at Towne Cercompliance with 410	TOUR CENTRE THE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the Investigation of Complaint IN00172259. Complaint IN00172259-Substantiated. No deficiencies related to the allegation are cited. Survey dates: May 6 and 7, 2015 Facility number: 002392 Provider number: 002392 AlM number: N/A Census bed type: Residential: 45 Total: 45 Census payor type: Other: 45 Total: 45	TOWNE CENTRE THE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) This visit was for the Investigation of Complaint IN00172259-Substantiated. No deficiencies related to the allegation are cited. Survey dates: May 6 and 7, 2015 Facility number: 002392 Provider number: 002392 AIM number: N/A Census bed type: Residential: 45 Total: 45 Census payor type: Other: 45 Total: 45 Sample: 5 Terrace at Towne Centre was found to be in compliance with 410 IAC 16.2-5 in regard to the	TOWNDER OR SUPPLIER TOWN E CENTRE THE STREET ADDRESS, CITY, STATE, ZIP CODE T252 ARTHUR BLYD MERRILLVILLE, IN 46410 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the Investigation of Complaint IN00172259. Complaint IN00172259-Substantiated. No deficiencies related to the allegation are cited. Survey dates: May 6 and 7, 2015 Facility number: 002392 AlM number: N/A Census bed type: Residentia: 45 Total: 45 Sample: 5 Terrace at Towne Centre was found to be in compliance with 410 IAC 16.2-5 in regard to the

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE